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ANALYSIS OF PROVISIONS OF H.R. 15758

SECTION 101 - Extension of Regional Medical Programs

Extends for five additional years (through FY 1973) the authority to make grants for the planning and establishment of Regional Medical Programs to combat heart disease, cancer, stroke, and related diseases without statutory ceiling after FY 1969. The ceiling for FY 1969 is \$65 million. The full justification for the extension of P.L. 89-239 is contained within the Surgeon General's Report to the President and the Congress required by Section 908 of the Act. The Report has now been transmitted to the Secretary, HEW. The major conclusion of that Report is that the initial experience in the planning and development of Regional Medical Programs throughout the Nation while representing only the beginning steps in that development provides a solid base for recommending extension of the program. In fact, one of the obstacles to the early development of the Regional Medical Programs, including the necessary commitment of institutions and organizations to the voluntary cooperative effort and the recruiting of well qualified persons for leadership and key staff positions, has been the limited duration of the initial authorization. Some institutions, agencies, and persons have yet to make a full commitment to this course of action, whatever its promise and potential, without reasonable assurance of program continuity and the availability of grant funds.

The following points are particularly relevant to the justification of the extension of the program: (a) The Report of the President's Commission on Heart Disease, Cancer, and Stroke described and analyzed in considerable detail the needs, opportunities, and problems in making more widely available the advances of medical science to persons threatened or afflicted with heart disease, cancer, stroke, and related diseases. The facts cited in that Report are still valid. (b) The magnitude of the tasks and problems described by the Commission serve as a target for the beginning efforts being made through the Regional Medical Programs. (c) The initial steps already underway indicate the promise of the effectiveness of development of regional cooperative arrangements that can accomplish the purposes of this legislation. (d) Extension of the legislation will be necessary for the development of these initial steps into operational Regional Medical Programs as envisaged by Title IX and its legislative history.

SECTION 102 - Evaluation of Regional Medical Programs

Makes available to the Secretary not more than 1% of each appropriation for any fiscal year ending after June 30, 1969 for the purposes of carrying out evaluation of the Regional Medical Programs either directly, by grants, or by contracts.

SECTION 103 - Inclusion of Territories

Makes the definition of "states" equivalent with other amendments to the Public Health Service Act by adding the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands. The Hawaii Regional Medical Program has already expressed an interest in involving Guam, American Samoa and the Trust Territory in their Regional Medical Program.

SECTION 104 - Combinations of Regional Medical Program Agencies

This clarifying amendment provides that Regional Medical Program grants can be awarded to combination of Regional Medical Program agencies to accomplish activities that are proposed by several adjacent Regional Medical Programs.

SECTION 105 - Advisory Council Members

Authorizes the expansion of the National Advisory Council on Regional Medical Programs from 12 to 16 members in order that it may continue to exercise its functions as the number and complexity of applications it must review increases.

SECTION 106 - Project Grants for Multi-program Services

This section would add new authority for grants to any public or nonprofit private agency or institution for services needed by or which will be of substantial use to any two or more Regional Medical Programs. Many Regional Medical Programs have expressed the need for the support of certain activities which will serve the needs of a number of Regional Medical Programs, such as specialized training capabilities, the production of educational materials for continuing education programs, communication networks, the development of evaluation techniques, and the creation of uniform data-gathering systems. These types of activities cannot always be developed optimally on the basis of the needs of a single region. This authority would permit grants for the support of such activities which by their nature can serve the needs of two or more Regional Medical Programs. In administering this authority the expressed needs of more than one Regional Medical Program would be carefully documented before any such award was made. All proposals for the use of this authority would be reviewed by the National Advisory Council on Regional Medical Programs. This review will insure that the activities being proposed serve the needs of several regions as defined by those Regional Medical Programs.

SECTION 107a - Practicing Dentists Inclusion

Authorizes the payment of hospital, medical, or other care of patients at any facility incident to research, training, or demonstration activities carried out under Regional Medical Programs when such patient is referred by a practicing dentist. This amendment would alter an unforeseen limitation in the original act which does not permit practicing dentists to refer patients whose medical care costs might be paid out of Regional Medical Program grant funds if the costs are incident to research, training, and demonstration activities carried out as necessary parts of the Regional Medical Program. Many dental organizations have noted that dentists can play an important role in such areas as the early identification of oral cancer.

SECTION 107b - Federal Hospital Participation

Authorizes the use of grant funds to assist in meeting the cost of participation in a Regional Medical Program by any Federal hospital. An interpretation by the Office of the General Counsel has indicated that Regional Medical Program grant funds cannot be used to fund activities in Federal hospitals even though those hospitals might be logical and appropriate participants in a Regional Medical Program. This amendment would authorize the use of Regional Medical Program grant funds to permit the full participation of Federal hospitals in Regional Medical Programs as important medical resources for accomplishing the purpose of the program within the region. This would permit the Federal hospitals to play a role as community resource where compatible with their statutory missions.